

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584880

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18		17				
19		18				
20		19				
21		20				
22		21				
23		22				
24		23				
25		24				
26		25				
27		26				
28		27				
29	1					
30		1				
31		2				
32		3				
33		4				
34		5				
35		6				
36		7				
37		8				
38		9				
39		10				
40		11				
41		12				
42		13				
43		14				
44		15				
45		16				
46		17				
47		18				
48		19				
49		20				
50		21				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		2				
53		3				
54		4				
55		5				
56		6				
57		7				
58	1					
59		1				
60	1					
61		1				
62	1					
63		1				
64	1					
65		1				
66		2				
67		3				
68		4				
69		5				
70		6				
71		7				
72		8				
73		9				
74		10				
75		11				
76		12				
77		13				
78		14				
79		15				
80		16				
81		17				
82		18				
83		19				
84		20				
85		21				
86		22				
87		23				
88		24				
89		25				
90		26				
91		27				
92		28				
93		29				
94		30				
95		31				
96		32				
97		33				
98		34				
99		35				
100		36				
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	66	←		←		←
TOTAL CLAIMS	72					

PTO-150 (REV. 11/84)

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